MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND U5367 OF DEATH and 2 death. death. 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY the f oon papers. Pages 1 within 72 hours after MARYLAND b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY, OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours 0 .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE DN A FARM? ND L YES within etely pou NAME DF DECEASED 3. First DATE Middle Last 4. Morth Day Year erear comple (Type or print) DEATH 19 evel SEX 6. COLOR OR RACE AGE (In years 7. MARRIED DATE OF BIRTH 9. IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days Hours and any Oct. 31,1905 WIDDWED A 10 DIVORCED 10b. KIND DF BUSINESS OR physician an please rival, and in 10a. USUAL DCCUPATION (Give kind of work done) 12. CITIZEN DF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) attending phys ermit. Then ple in, or removal, a FATHER'S NAME 14. MOTHER'S MALDEN NAME 15. WAS DECEASED EVER IN U.S. APYED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ed by the attender transit permit. Address The law requires that the death burial-transit purial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (o), I INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. signed | DUE TO Cenditions, If any, which the bu gave rise to Immediate DUE TO cause (a), stating as th underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) for use F Health 19. WAS AUTOPSY this certificate hetached for use Dept. of Health PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) After the det de det State D factory, street, office bldg., etc.) Hour a.m. While Not While Page 4 may be retained by p.m. at work at work DIRECTOR: A age 3 should liled with the S 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED director, page should be filed ATTENDING STAFF PHYS. PHYS. M.D. DIRECTOR FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) pluods BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23c. 23d LOCATION (City, toyn or county) (State) REMOVAL (Specify) 2 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 25b VR A.15 (4) 20M 1/65

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1 11 11 11 11		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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death certificate be executed within 24 hours in attending physician and completely filled in by permit. Then please femore carbon papers. Pagion, or removal, and in any event, within 72 hours	3.	NAME OF First Middle Last 4. DATE Month Day Year OF DEATH APRIL 29 1966
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icate be e physician n please wal, and in		Laborer 10b. KIND OF BUSINESS OR INDUSTRY General labor 11. BIRTHPLACE (County & State, or foreign country) Laurel Branch, W.Va. 12. CITIZEN OF WHAT COUNTRY? Laurel Branch, W.Va.
eath certificat attending phy ermit. Then p on, or removal,		Newton Arthur
e death co the attenc it permit. nation, or r	15 (Ye	Was deceased ever in U.S. Armed Forces? 16. Social security No. 17. Informant address service) None WifeSame##as 2 c & d
he y the sit		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO DUE TO Conditions is any which in the cause per line for (a), (b), and (c).] DUE TO Conditions is any which in the cause per line for (a), (b), and (c).]
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The law or atten cate has r use as ealth pri	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
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L	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. Description of the process of the proces
		21. I certify that (I) (this hospital) attended the deceased from 4-14, 1966, to 4-29, 1966, that (I) (we) last saw the deceased alive on 4-19 1966 and that death occurred at 22M, from the causes and on the date stated above.
DIR Be		22a. SHITATURE M.D. ATTENOING MED. STAFF 22b. PATE SIGNEO OIRECTOR PHYS. 22d. ADDRESS
TO HOSPITAL Page 4 may O FUNERAL I director, pag	=	NAME (Tipe) B.J. Plunkett Jr. M.D. Aberdeen, Maryland
TO H TO Fi	238	REMOVAL (Specify) 1 May 1966 Hillcrest Cemetery White Sulphur Springs
VR A15 (4) 15M 4-64	to	Tarring Funeral Home Recombe Starring Funeral Home 253 REGIO BY REGISTRAR 256. REGISTRAR'S SIGNATURE Va.

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PRESTON STREET, BALTIMORE 1, MARYLAND funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a. COUNTY HARFORD CECIL MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) WITH RURAL and give nearest town AURE DEGRA COLORA 1 MONTH d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 514 North Adams St. YES NO NAME OF Middle 4. DATE Month DECEASED BLACKBURN DEATH 1966 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Deys WIDOWED X 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) WYOMING HOUSE WIFE 13. FATHER'S NAME SIMPSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address S. GIESLER HAVRE DE GRACE 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). 36kg IMMEDIATE CAUSE (a) Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, " fectory, street, office bldg., etc.) While Not While Hour a.m at work et work 21. I certify that (I) (this hospital) attended the deceased from Doze 5 1948, to 4-29 1966, that (I) (we) last 1965, and that death occurred at 8 P.M., from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) REMOVAL (Specify) HARMONY CHAPEL CONDUINGO MD. BURIA 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4 15M 7-62

RYLAND STATE DEPARTMENT OF HEALTH

SSIENS STA ALAST TERRITORIA HATTHE THERETONE OF THE WELLER IN CLUBER SERVICES TRARLET & SLEEKELRIN TO TESTARA Service and a service of the service Idea Track ordinary capes to touristics and SECTION THE STAN STAN STAN SECTION SECTIONS

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, II institution; Residence before admission) a. COUNTY b. CDUNTY Harford Harford arvland MARYLAND Department after death. funeral CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b may Whiteford days Havre de Grace the e. IS RESIDENCE ON A FARM? d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS State hours Memorial Hospital Chestnut Street YES ND X NAME OF DATE Month 3. Middle Last Day Year DECEASED NP (Type or print) RTHUR DEATH 19 66 pri AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthdey) | Months | Devs | Hours | Min. 5. SEX 6. COLDR DR RACE 8. DATE OF BIRTH NEVER MARRIED 7. MARRIED White WIDOWED DIVDRCED Male 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DE BUSINESS OR BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY CDUNTRY? Hospital Rocks, Maryland U.S.A. Cook any pages in any 13. FATHER'S NAME Mabel Irene Taylor Samuel George Blanev File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Box 115 16. SOCIAL SECURITY ND. (Yes. no, or unkown) | (If yes give war or dates of service) permit. removal. Whiteford, Md. Millard Blaney es in penci INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) This certificate should be executed Duodenal ulcer with perforation 07 burial-transit cremation. and Conditions, if any, which Nephrosclerosis gave rise to immediate oronary artery disease DUE TD (a), stating the a used as a to burial, underlying cause last. neumonitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ICATION PERFORMED? YES 🗖 NO F he certificate, writing t should be forwarded to 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) o e 20a. EXTERNAL CAUSE WAS CERTIF PRIMARY Or CONTRIBUTING 3 should be agent, price CAUSE DF DEATH. Auto accident 20d. INJURY DCCURRED 120e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) MEDICAL TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) EXAMINER: While Not While Harford 66 at work Bel CTOR: Page designated at work 21. I certify that I took charge of the remains described above, held an Autopsy and In my opinion Inspection Inquiry FUNERAL DIRECTOR: Undetermined manner Suicide Homlcide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER for your please execute director. Page 4 DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER O DEPUTY MED 0 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** director. Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) (State) BURIAL, CREMATION. DATE THEREOF 23c. 00 REMOVAL (Specify) Buria Rocks rvland REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15ME (5) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death death. the funeral 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE DF DEATH a. COUNTY h COUNTY a. STATE Harford after Maryland Harford MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Aberdeen de Grace Havre 드 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? within 7 Hillcrest YES NOX Brevin Nursing Home completely pou Day NAME DE Middle Last DATE DECEASED April BOSCHEN 16 66 ROSABELLE C. DEATH 19 (Type or print) AGE (In years | IF UNDER 1 YEAR IIF UNDER 24 HRS OATE OF BIRTH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours 18 Female WIDOWED Cau. Jan. DIVORCED (12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) = COUNTRY? ease Virginia physic U.S.A. Home Housewife death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova ed by the attending parameter transit permit. Then, cremation, or remove Alice Jones Chisholm William Tra 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) Aberdeen. Md. J. Ray Boschen. INTERVAL BETWEEN DNSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the signed by urial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MUS or attending physician. been signed, the burial-trainer to burial, c DUE TO about ar Uno-nelyvis Conditions, if any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 CERTIFICATION PERFORMED? for use Health NOT YES the hospital DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part ii of item 18.) 20a. ACCIOENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: tached for S (State) (County) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED det factory, street, office bldg., etc.) be de State I Hour a.m. **Not While** While After ATTENDING 19 at work at work p.m. 3 should with the S 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred at O: OM, from the causes and on the date stated above. saw the deceased alive on 1961 22b. DATE SIGNED 22a. SIGNATURE -17-66 be MED. page M.D. 22d, ADDRESS PHYSICIAN'S TO FUNERAL 22c. NAME (Type) M.D. Maryland Plunkett Jr. Aberdeen. B.J. should 23d. LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. OATE THEREOF REMOVAL (Specify) Richmond. Virginia Forest Lawn Cemetery 66 Remova 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR ADDRESS FUNERAL DIRECTOR Aberdeen. VR A15 (4) ome 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05372 The law requires that the death certificate be executed within 24 haurs after death physician and completely filled in by the funeral ien please remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission O. COUNTY HARFORD o. STATE b. COUNTY Harford Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparote limits, write RURAL and give neorest tawn) write RURAL and give nearest tawn) Aberdeen. de Grace e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Route NO X YES NAME OF DATE First Month Day Year and in any event, with Last DECEASED OF JORRIE (Type or print) DEATH SFX AGE (In years IF UNDER IF UNDER 24 HRS. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Doys Hours X WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? U.S.A. during mast af warking life even if retired)
Housewite INDUSTRY Hone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, JONES WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT signed by the attendi burial-transit permit. (Yes, na, ar unknawn) (If yes give war or dates of service) Aberdeen. Md. Oliver P. Boyer, None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician DUF TO Conditions, if ony, which gove rise to immediate cause (a) **DUE TO** stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the should be filed with the State Dept. af Health prior ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION NO Arnsis 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, form, (City ar town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While OR ATTENDING at work 21. I certify that (1) (this haspital) attended the deceased fram 6-30-65, 49, ta 4-22-, 1966, that (1) (we) last saw the decepsed plive on 4. 2. , and that death accurred at 1:3xPM, fram causes and an the date stated above. 66 119 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. STAFF PHYS. April DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF 23g. BURIAL, CREMATION, Perryman, Maryland REMOVAL (Specify) Spesutia Cemetery 66 250. REC'D BY REGISTRAR DATAPR 25 15 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ARMSTeral Home Tarring VR A15 (4) 20 M 1/66 1966 Aberdeen, Maryland

STREET STORE BUILD OF STATE STATE and marie to the second of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove beform papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
(15373)

1. PLACE OF DEATH a. COUNTY Harford MARYIAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: a. STATE Maryland b. COUNTY He	Residence before admission)
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURA)	
Bel Air 9 months	Bel Air	12-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
415 Linwood Avenue	415 Linwood Avenue	YES NO I
3. NAME OF First Middle DECEASED (Type or print) Kathlene M. Be	Last 4. DATE Month OF DEATH A pril	9 Year 19 66
7. MARKED MEYER MARKED	Sept. 22, 1901 9. AGE (In years IFUNDER last birthday) Months Wonths	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	CITIZEN OF WHAT
13. FATHER'S NAME Michael Joseph Landers	14. MOTHER'S MAIDEN NAME Mary Edwards	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. IVER. (15 yes pive war or dates of service) 25-09-5516A Mrs.	May B. Powers Bel Air. Mary	venue
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	202 822 122	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: GASTRO-INITESTIC	VAL HEMORRHAGE	ONSET AND DEATH
1997	7,400	
Conditions, If any, which gave rise to Immediate DUE TO (b) ADMANCES CARCON	OMATOS IS	IMONTH
	ABBONNENALUISCERA	6 woks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18	3.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While Not While at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Cory, street, office bldg., etc.)	unty) (State)
21. I certify that (I) (this hospital) attended the deceased from 7	death occurred at 2:40 M, from the causes and on the	5, that (I) (we) last
saw the deceased alive on 4 AFR 19 and that	ATTENDING MED STAFE 22b. I	DATE SIGNED
M.D.	. PHYS. DIRECTOR PHYS.	4/266
PHYSICIAN'S NAME (Type) H. Proc tor Sidwell, M.D.	22d. ADDRESS 401 Franklin St., Bel Air,	Ma. 21014
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) April 13, 196 Mt. Olivet (
24. FUNERAL DIRECTOR W. Broadway & DW1511ams		'S SIGNATURE
Truplitable trates Roll Adm Many and 21014		2. 0.20

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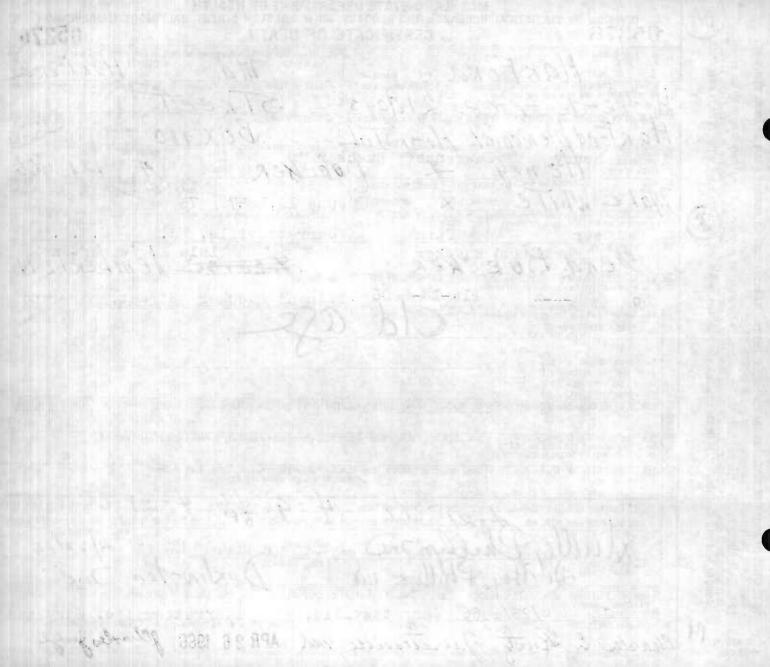
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ri.	<u>80</u>		05374 CERTIFICATE OF DEATH	15374
death.	and and death	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Re	esidence before admissio
fter	the fes 1		HACTORD B. COUNTY HA	irtord
24 hours after	in by the s. Pages 1 hours after	11	b. CITY OR TOWN (if outside corporate limits, write RURAL and give rearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give rearest town)	and give nearest town
hour		F	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	12
n 24	stely filled Son papers within 72	1-	vartord Memorial Hospital Bush Chapel Rd Box:	e. IS RESIDENC ON A FARM? YES NO
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05375CERTIFICATE OF DEATH sician and completely filled in by the funeral case femove carbon papers. Pages 1 and 2 and in any event, within 72 hours after peath. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cecil MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Colora O. A. Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NOT Memorial Hosp YES that the death certificate be executed within 3. NAME OF First Last DATE Month Day Year DECEASED DEATH 1966 (Type or print) Joseph Brown Janney 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours 10-26-1902 WIDOWED DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Plumber Self Cecil Co. Maryland Employed ā 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Custerd Kemp Alice Booze Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. 8-01-8682 No Mrs. Joseph Brown Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. 6 Kin- Kie IMMEDIATE CAUSE (a) DUE TO 145.55. Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. this certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? detached for use e Dept. of Health p NO X 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) O FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept. MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING be retained by at work at work 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from_ 1965 1966, and that death occurred at 1968. M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a SIGNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS 220 NAME (Type) Port Deposit. Md. Richards BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Near Colora 1966 West Nottingham Cem REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Md DATE VR A15 (4) Rising Sun 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05376 CERTIFICATE OF DEATH funeral and 2 and 2 death, PLACE DF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Besidence before admission) b. COUNTY a. STATE after the MARYLAND by the Pages CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) within 72 hours hours .= e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? YES NOX within completely carbon 3. DATE Month Day Middle 4. Buelo DECEASED 0F event, DEATH (Type or print) 1966 executed COLOR OR RACE AT. MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) SEX 8. DATE OF BIRTH 9. emove **NEVER MARRIED** Months Davs Hours any and WIDOWED X DIVORCED [78 June .1887 vrs. and in 1Da. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician ease certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Jarrettsville. Laborer Farm .S.A. Then pl 13. FATHER'S MAME attending parmit. Then 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or Box death (Yes, no, or unkown) | (If yes give war or dates of service) 216-14-8906 erdinand Buecker Street. the INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TD Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) WAS AUTDPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO F YES 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part 11 of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE DF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While be retained by ATTENDING p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 6 1966 M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF M M.D. DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. Jarrettsvi 1 966 Buria Jarrettsvill ADDRESS REC'D BY REGISTRAR I **FUNERAL DIRECTOR** 1966 VR A15 (4) 15M 4-64



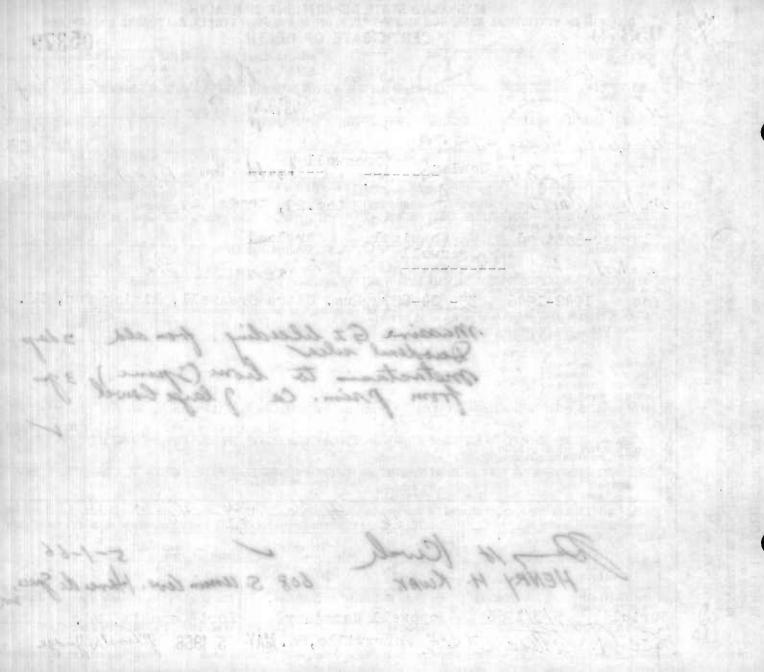
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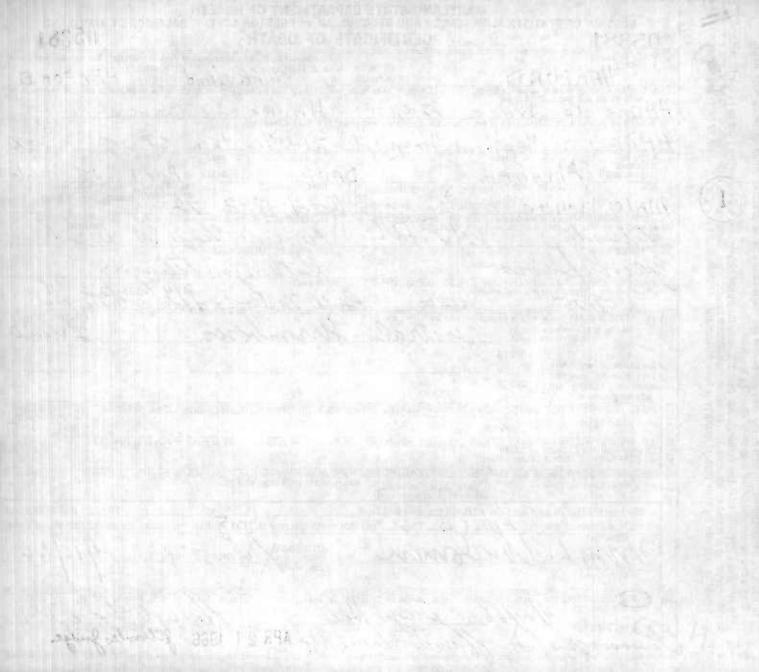
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 05379 CERTIFICATE OF DEATH death. funeral USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DF DEATH a. COUNTY b. COUNTY a. STATE after the MARYLANO by the b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 1 write RURAL and give nearest town) hours 15/NG CYAZ = e. IS RESIDENCE ON A FARM? filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS event, within 72 YES NO X 5 completely f within 3. NAME OF CreswellLast DATE Month Oay Middle 4. DECEASED Wesley 30 R DEATH 19 (Type or print) E. 53 W E7 executed AGE (In years | IF UNOEI | last birthday) | Months 5. SEX 6. COLOR OR RACE OATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. emove 7. MARRIEO NEVER MARRIEO Oays Hours any and WIOOWED **OIVORCEO** Oct.29. 10a. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 10b. KINO OF BUSINESS OR INOUSTRY 12. CITIZEN OF WHAT E E a COUNTRY? during most of working life, even if retired) USA Maryland Plumber-Retired Hospital certificate 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME ORence CRC. 15. WAS OECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT After this certificate has been signed by the atten d be detached for use as the burial-transit permit. • State Dept. of Health prior to burial, cremation, or death (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Clara Creswell, Rising Sun, 1942-1946 Yes INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OUE TO** Conditions, if any, which gave rise to immediate **OUE TO** cause (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH OF NOT RELATED TO THE TERMINAL DISPASE CONDITIONS CONTRIBUTING TO GEATH OF THE PART 1(a) 19. PERFORMED? YES T NO T DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) 20b. 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20f. (City or town) (County) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work 19 P 21. I certify that (I) (this hospital) aftended the deceased from DIRECTOR: Jage 3 should lied with the and that death occurred at 10 M, from the causes and on the date stated above. saw the deceased alive on OATE SIGNED 22b. 22a. SIGNATURE ATTENOING PHYS. M.D. OIRECTOR PHYS. Page 4 may Pal FUNERAL PHYSICIAN'S NAME (Type) 22d. AOORESS 22c. director, p 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23c. REMOVAL (Specify) 2 Hopewell Cemetery Port Denosi REGISTRAR'S SIGNATURE AOORESS 25a. REC'O BY REGISTRAR FONERAL DIRECTOR VR A15 (4) 15M 4-64



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edinission) e. COUNTY Page e. STATE b. COUNTY ō MARYLAND b. CITY OR TOWN (if outside corporate limits E. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town director. write RURAL end give neerest town for your S d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress ON A FARM? the funeral retained State hours after 3. NAME OF First Middle DATE Dev DECEASED OF DEATH the (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE in yeers IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months Deys July 4. WIDOWED [DIVORCED VIS. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Pages 1, Hous ewife Italy USA none pages 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME Dominick Ruggiero Gelsomina Gallo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. ! 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) 602 Banyan Court No Edgewood. Vicholas none 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ed bluods DUE TO Conditions, if any, which (b) lon, "pending" wave rise to immediate cause DUE TO (a), stetling the underlying Examiner ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY burial, Pe PERFORMED? Medical NO TO should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 2 PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. writing to Chief A Page 3 s 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Month, Day, Yeer (County) (Stete) fectory, street, office bldg., etc.) While Not While et work et work sase execute the certificate, should be forwarded to the FUNERAL DIRECTOR: the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE TO DEPUTY 5 NAME (Type) TO FL. Health Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) · REMOVAL (Specify) 114-30 Rockaway Blvd S.J. Romanelli Funeral Removal Home Ozone 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 246 VR A15ME Howard K. McComas & Son, Abingdon, Md. SM 1/63

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) poletely filled in by t carbon papers. Page At, within 72 hours a hours e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 24 NO YES executed within 3. NAME OF DATE Month Day Year DECEASED 0F compolication control (Type or print) DEATH 19 66 AGE (IN years | IF UNDER 1 YEAR last birthday) Months | Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Hours any DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done inding physician at Then please re removal, and in 12. CITIZEN OF WHAT 10b. KIND OF BUSINES (County & State, or foreign country) during most of working life, even if retired) be certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending | 8. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 17. this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or (Yes. no, or unkown) (If yes give war or dates of service) death INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of item 18.) OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After the director, page 3 should be de should be filed with the State Hour a.m. While Not While OR ATTENDING 19 at work at work 19_ that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 __to 1966, and that death occurred at 1111 M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATURE STAFF ATTENDING PHYS. MED. M.D. DIRECTOR PHYS. Page 4 may 22d. PHYSICIAN'S ADDRES: NAME (Type) LOCATION (City, town or county) (State) BURIAL CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23a. 23c. REMOVAL (Specify) REGISTRAR 1966 BY FUNERAL DIRECTOR VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) PLACE DF DEATH 1. a. COUNTY b. COUNTY a. STATE after ve carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) by write RURAL and give nearest town) hours completely filled in e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES ND executed within Month Day Year 3. NAME OF First Middle Last 4. DATE DF DEATH DECEASED 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED and and DIVORCED NOV 08 WIDOWED nding physician a Then please re removal, and its 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT the Hebat Occupation (Give kind of work done live property of working his person fretired) 10b. KIND OF BUSINESS OR death certificate be COUNTRY? INDUSTRY 71,5,A FARMING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME O FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. They should be filed with the State Dept. of Health prior to burial, cremation, or remore Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SUCIAL SECURITY NO. INFORMAL 17. (Yes, no, or ankown) (If yes give war or dates of service) 3383 05-INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH (Enter only one cause per/line for (a), (b), and (c), PART 1. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, (C) 19. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL (County) 20d. INJURY OPCURRED 20f. (City or town) (State) 120e, PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While ATTENDING at work et Work 19 that (I) (we) last 21. I certify that (I) (this hospitat) aftended the deceased from M, from the causes and on the date stated above. and that death occurred at 4 saw the deceased alive on 19 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR PHYS Page 4 may TO FUNERAL D PHYSICIAN'S NAME (Type) 22d. ADDRESS 22c. LDCATION (City, town or county) (State) BURIAL, CREMATION, PEMOVAL (Specify) 23c. 23b DATE CHESTINUT HILL BEGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1966 VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after death. and PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE the 1 MARYLAND Pages b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hours write RURAL and give nearest town) 프 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? within YES NO within etely carbon NAME OF First Middle Month Last DATE Day Year DECEASED compl (Type or print) DEATH 19 executed 6. COLOR OR RACE remove AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 7. MARRIEO OATE OF BIRTH NEVER MARRIED June 2. 1895 WIOOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY physician an please reval, and in = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Bluefield, West. Va. none USA certificate 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME Missouri B. Cornett Johnson Stamper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 0 death (Yes, no, or unkown) (If yes give war or dates of service) Il-transit perm 228-16-063] John Eller, 801 Barry Lane, Joppa, Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH 5 PART I, DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a). signed been signed the burial-tr **OUE TO** Conditions, If any, which (b) gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last. AM has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health The PERFORMEO? certificate the hospital or NO T YES PHYSICIAN: detached for 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defined with the State Hour a.m. While Not While at work at work retained 21. I certify that (I) (this hospital) attended the deceased from 196 saw the deceased alive on. and that death occurred at 2 M. from the causes and on the date stated above. 227 SIGNATURE 22b. DATE SIGNED pe page MED. DIRECTOR HOSPITAL PHYSICIAN'S FUNERAL director, p 22c. AODRESS GRACE, BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Reins-Sturdivant F.H. 7,k966 Independence Remova 24. FUNERAL DIRECTOR AODRESS 25a. REC'O BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE Howard K. McComas & Son, Abingdon, Md. VR A15 (4) 27009 20M 1/65

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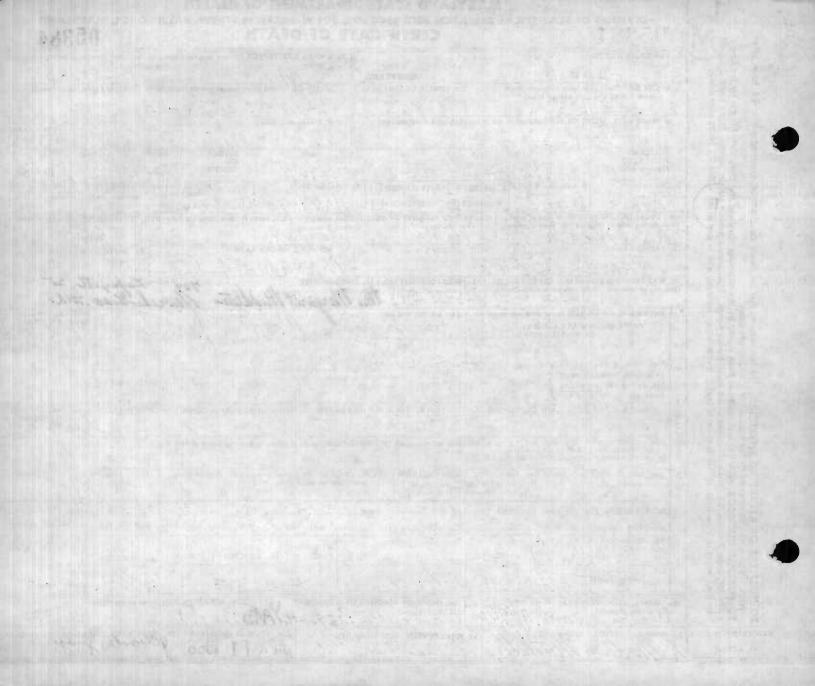
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY death MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) writa RURAL and give naarast town) 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? completely YES NO 3. NAME OF 4. DATE Middle Last Month Year Day DECEASED OF (Type or print) DEATH 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months Days certificate WIDOWED X DIVORCED physician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 12. CITIZEN OF WHAT COUNTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) SE please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then requires that the or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unkown) | (Ifyesgivewar or datas of service) After this certificate has been signed by the permit. aftending physician. 18. CAUSE OF DEATH [Enter only one cause per line for fe), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying the the hospital or cause last. for use as t PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION PERFORMED? prior YES NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH may be retained by the DIRECTOR: After this 3 should be detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! Month, Day, Year 20f. (City or lown) (County) (State) ö factory, street, office bldg., etc.) Not Whila Hour a.m. at work et work 19 p.m. 19, that (I) (we) last saw the deceased alive on...... and that death occurred at A.M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE MED ATTENDING SIGNED HOSPITAL sath. Page 4 FUNERAL rector, page PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. の音器 REMOVAL (Specify)

REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

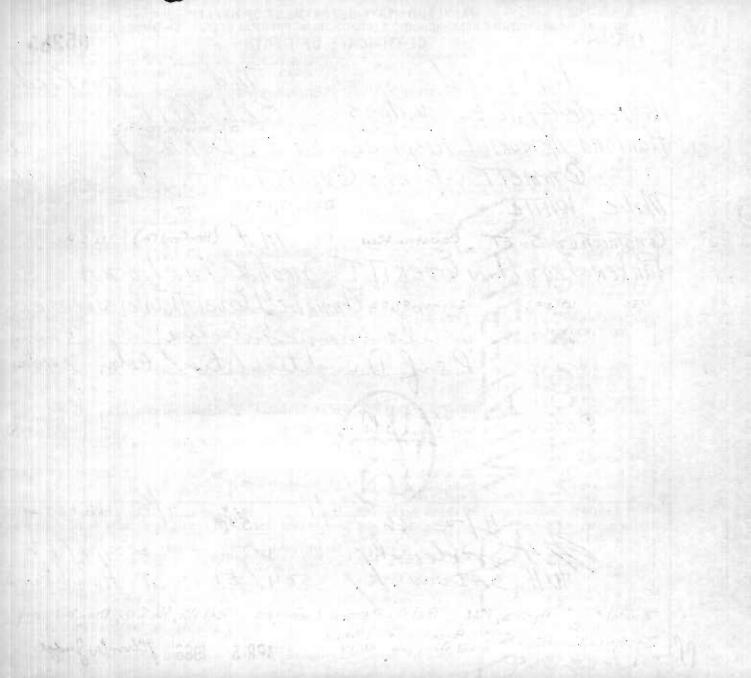
Charles

VR A15 (4)

24 FUNERAL DIRECTOR'S SIGNATURE



= 1(M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
P. 2ª P.	05385 CERTIFICATE OF DEATH 05385
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The law requires that the death certificate be executed within 24 hours after or attending physician. Cate has been signed by the attending physician and completely filled in by the fruse as the burial-transit permit. Then please remove carbon papers. Pages 1 ealth prior to burial, cremation, or removal, and in any event, within 72 hours after	Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO DUE TO Perf Diverticulities L. Colon 24 hrs DUE TO
e law re attendi e has b se as tl th prior	underlying cause last. (c)
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OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the Stat	21. I certify that (I) (this hospital) attended the deceased from 4 1966, that (I) (we) last saw the deceased alive on 1966, and that death occurred at 5 2M, from the causes and on the date stated above.
L OR AT y be rep y be res age 3 s illed wit	22a. SIGNATURE MED. STAFF 22b. DATE SIGNED MED. DIRECTOR PHYS. 4/2/66
TO HOSPITAL Page 4 may O FUNERAL director, pag should be fill	22c. PHYSICIAN'S W.H. SADOWSKY 22d. ADDRESS 504 LEWIS ST. Haved Street N
TO HOS Page TO FUN direct should	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF COMMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Society) April 5, 1966 3El Air Allers 3El Air Harr Co. Manylor 2014 24. FUNERAL DIRECTOR 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AI5 (4) 20M 1/65	Joseph william Foster Bei Air, And 21014 DAMER 5 1966 Icharles Judge
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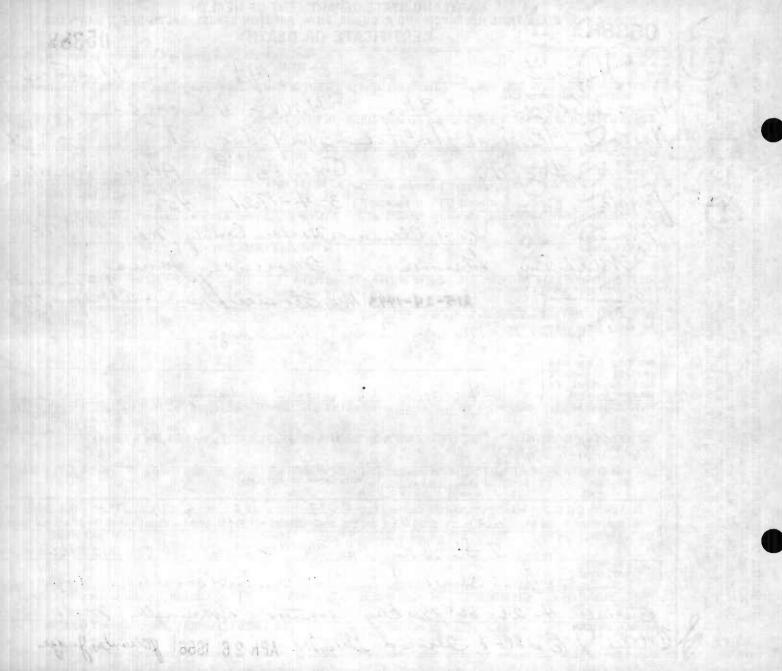
* 1(M)	MARYLAND STATE DEPARTMENT OF HEALT DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREE	
7 = 50	5386 CERTIFICATE OF DEATH	05386
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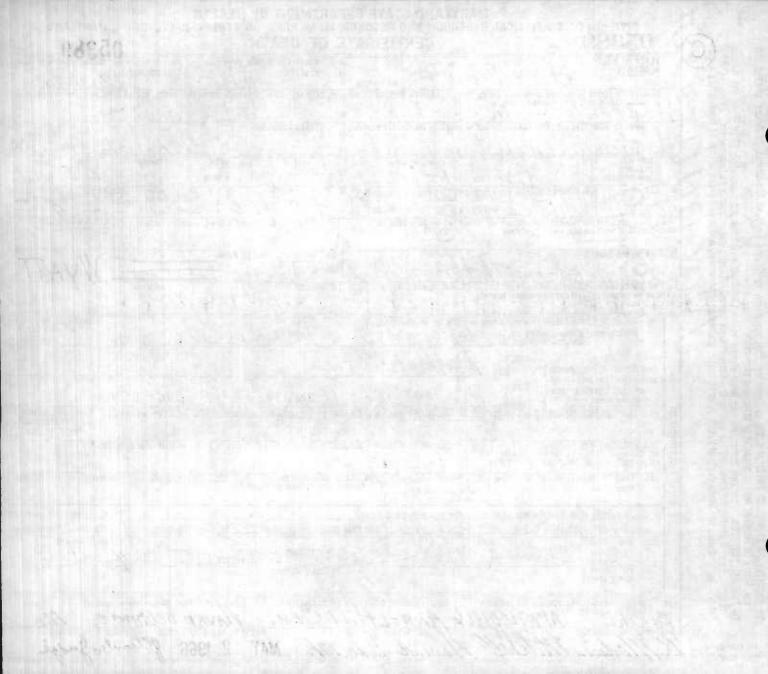
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	24	FUNERAL DIRECTOR ADDRESS ADD	SIGNATURE
VR A15 (4) 15M 4-64	2	Telia Ja Quellock, Stavie de Thang Md DAPR 26 1966 Jeliarles	Judge



1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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designated	21. I certify that I toak charge of the remains described above, held on Autapsy, Inspection, Inquiry, death resulted fram: Notural causes, Accident, Suicide, Homicide, Undetermined manner	and in my apinion
its desi	ACTUAL SIGNATURE Devalue Palmen M.D. ASSISTANT MEDICAL EXAMINER BY A CI	22. DATE SIGNED
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05392 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages 1 and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY a. STATE ah For MARYLAND c. LENGTH OF STAY IN 16 (If autside carporate limits outside corporate limits, write RURAL and give nearest town write RURAL and give nearest tawn) d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) YES NO NAME OF 4. DATE ubc Middle Last Doy Year DECEASED 19 6 6 2 ne 10 Type or print DEATH IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS SEX 6. COLOR OR RACE **NEVER MARRIED** DATE OF BIRTH birthday) Months Days Hours ONV DIVORCED KONV WIDOWED rem and 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) **COUNTRY?** INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, en the attending passit permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (Yes, no, or unknown) (If yes give war or dates af service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Uremia IMMEDIATE CAUSE (a) signed by attending physician DUE TO burial Conditions, if any, which gave 1966 to Generalized Arteriosclerosis rise to immediate couse (a) Apr. 10. DUE TO as the stoting the underlying couse has been Hypertensive Cardiorenal disease 1966 last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Health Arthritis NO X O FUNERAL DIRECTOR: After this certificate by the haspital ar 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour a.m. While Nat While factory, street, office bldg., etc.) at work __ at work Dto Apr. 9. 21. I certify that (1) (this hospital) ottended the deceased from Sept. 1966, that (I) (we) lost be retained 1966 and that death accurred at 8:30 M. from causes and an the date stated above. saw the deceased alive an_ shau 22b. DATE SIGNED 22a. SIGNATURE 11/66 M.D. PHYS DIRECTOR page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 569 Revolution St., Havre de Grace, Md. George director, shauld 23g BURIAL TREMATION NAME OF CEMETERY OR CREMATORY DATE THEREOI 23d. LOCATION (City or Town) (State) (County) REMOVAL Specify) Ebanow Cem-2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death 5000 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY after by the fages 1 urs after Harford Harford MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b thon papers. Pag within 72 hours hours Abingdon filled in l vear Edgewood d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 24 none No X none YES completely executed within 3. NAME OF DATE Month First Middle Last 4. Day DECEASED 1966 27 WILSON HOOKER April (Type or print) JAMES DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE DATE OF BIRTH ysician and con lease remove and in any eye 7. MARRIED NEVER MARRIED last birthday) Months | Davs Hours White Male WIDOWED [March. 13.1882 DIVORCED T 11. BIRTHPLACE (County & State, or foreign country) physician in please in 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) COUNTRY? Harford - Maryland USA Farm Laborer removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending urial-transit permit. Then urial, cremation, or remon Edward G/ Hooker Elizabeth Horney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Raymond R. Hooker, Edgewood, Md. none INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: levial eclardic PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, c DUF TO Cardiac decompensation à Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the as th underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY r this certificate h detached for use PERFORMED? ND 4 YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 12De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Not While at work at work 19 be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 1965, to D pul 27, 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Dec _, and that death occurred at 530 M, from the causes and on the date stated above. saw the deceased alive on. 1966 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. Apr. 27, 1966 PHYS. M.D. 4 may PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) Fred O. Hodous. 2301 Philadelphia Road, Edgewood R.D., Md 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATDRY (State) 23b. Cokesbury Memorial Abingdon, Harford. 25a. AFGISTRAR 25b. REGISTRAR'S SIGNATURE
AND 2 9 1966 Clearles Judy FUNERAL DIRECTOR Howard K. McComas & Son, Abingdon, Md. 21009 VR A15 (4) 15M 4-64

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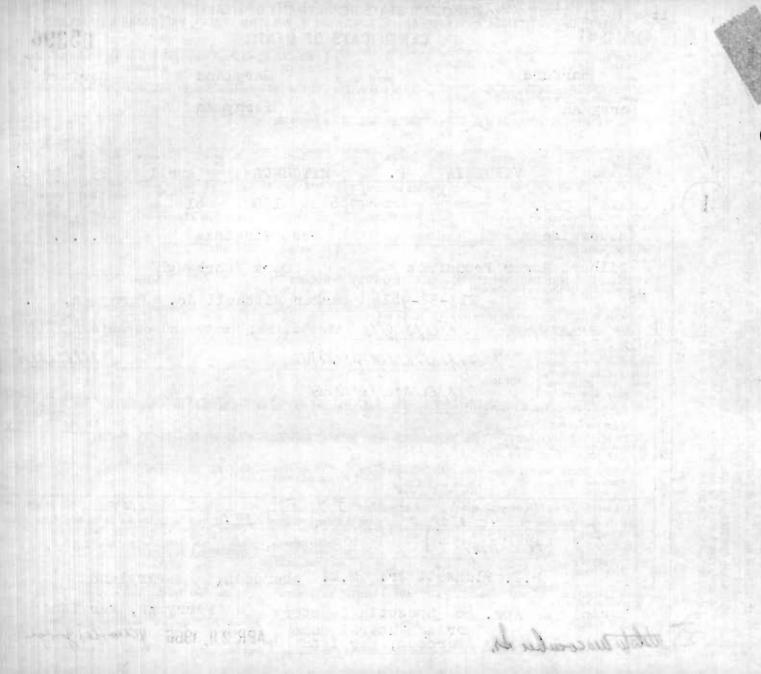
M	MARYLAND STATE DEPARTMENT OF HEALTH OSUM OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH	, MARYLAND
urs after death.	a. COUNTY HARFORD MARYLAND b. COUNTY B	ALTIMORE
event, within 72 hours at 3.	b. CITY OR TOWN (if outside corporate limits, write RU write RURAL and give nearest town) Edgewood Arsenal, Md. c. LENGTH OF STAY IN 1b aprx l hours Baltimore City	30 - 4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Medical Research Lab, Bldg 3220 d. STREET ADDRESS 3 901 Woodhawen	e. IS RÉSIDENCE ON A FARM? YES NOTE
3.	DECEASED (Type or print) WILLIE MAE LAWSON DEATH APRIL	Day Year 20 1966
	Female Negro WIDOWED DIVORCED Aug 9, 1919 Last birthday Mont	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min. 2. CITIZEN OF WHAT
R	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) esearch Biologist Research Resea	COUNTRY? USA
19	William Thomas Graves 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO / 17. INFORMANT Address	entalou St
-	es, no, or unknown) (If yes give war or dates of service) 240-16-1597 Mrs. Catherine Phifer, 1116 N. B 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Cardiac arrest	INTERVAL BETWEEN ONSET AND DEATH ADDRESS AFTER
ICAL CERTIFICATION	Conditions, If any, which gave rise to Immediate Condition Co	aprx 4-6 hrs
Z	cause (a), stating the DUE TO underlying cause last. (c) Coronary arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART:	aprx 10 yrs
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4	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Not applicable	
MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.) p.m. 19 at work factory, street, office bldg., etc.)	(County) (State)
	saw the deceased alive on 18 Apr 1966, and that death occurred at M. from the causes and company of the causes are caused as a company of the causes and company of the causes are caused as a company of the causes and company of the causes are caused as a company of the causes are caused as a company of the causes and company of the causes are caused as a company of the cause are caused as a company of the cause are caused as a company of the caused	9 66, that 1) (we) last on the date stated above. DATE SIGNED
,	22c. PHYSICIAN'S 22d. ADDRESS	
23	SAMUEL J. HAGEN, M.D. USA DISPENSARI, Edgewood	
2	ADDRESS 25a. REC'D BY REGISTRAR 25b. REGIST ALLINATOR REGISTRAR 25b. REGIST	RAB'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05395 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY 2, and 3 to PM3. Page of death. HARFORD MARYLAND Maryland Harford deloy Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carporote limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 16 ofter (Darlington Bel Air d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADORESS e IS RESIDENCE ON A FARM? in Item 18. Give Poges 1, r's Office along with farm hours Dr. Palmer's Office NO-YES 24 hours after death. 3 NAME OF First 4. DATE Last Month Dov Yeor DECEASED WILLIAM R. LOONEY (Type or print) DEATH 25 IF UNDER 1 YEAR 66 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED NEVER MARRIED hirthdoy) Months Doys Hours 5 Mar. WIDOWEO **OIVORCEO** and 2 ovenit Male. White IDo. USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Coal Mines Virginia .S.A. rd "pending" in pencil in Chief Medicol Exominer's Onv 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME be executed within = Rebecca Honaker ond Henry Looney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. removol, (Yes, no, or unknown) (If yes give wor or dotes of service) 229-01-7406 Wanda Orr. Darlington, Md. No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Arteriosclerotic cardiovascular disease 0 certificate should e, writing the word forworded to the Ch cremation, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse 0 00 buriol, c PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? pleose execute the certificate. 9 YES V NO: 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should ogent, prior PRIMARY Or CONTRIBUTING SICAL EXAMINER: CAUSE OF DEATH 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) foctory, street, office bldg., etc.) may be retoined far your FUNERAL DIRECTOR: Poge at work at work designated 21. I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [Inquiry [ond in my opinion funerol director. Natural causes X Suicide ! death resulted fram: Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER 4-25-66 **EXAMINER'S** RUSSELL S. FISHER, M.D. Health NAME (Type) Address (Street, city, town, or county) 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 Removal Coleman Family Cemetery Grundy. Virginia 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR Tarring Funeral Home VR A15ME (5) 1966 6M 1/66 Aberdeen. Maryland



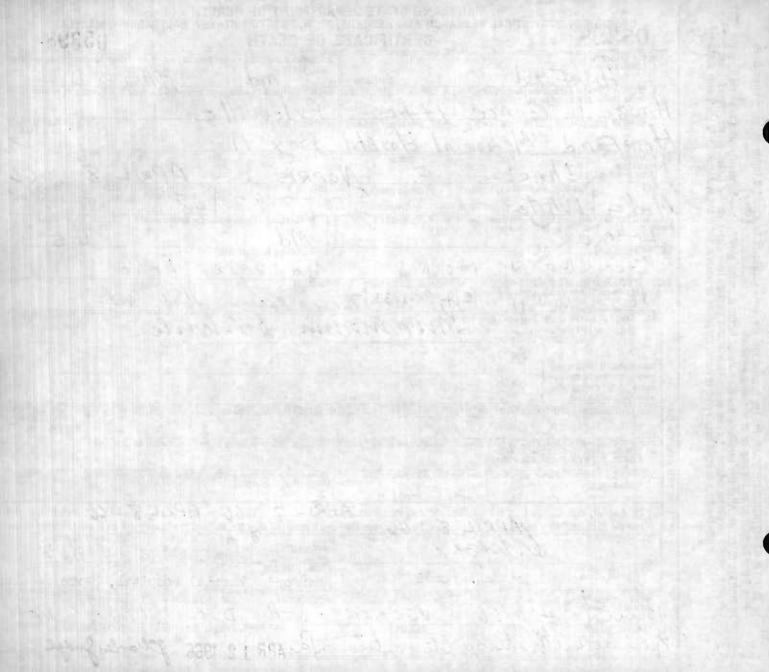
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•	AL OR HAL DIRE PAGE 3 page 3 filed w		22c. PHYSICIA	J. Sher	fest,	1	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	4-26	-66
	NER I d b		NAME (T	B.J.	Plunk	étt Jr. M	.D. Aber	deen,	Mary	land	
	TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23	REMOVAL (Sp Buri	ecify) al 28 Ap	r. 66		Cemetery	Per	ryman,	Maryl	(State) and
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1	*	2		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
FOR S	TATE			05397 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5397
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uted within in pencil in Examiner's	it permit.			18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) On on any ordinary	INTERVAL BETWEEN ONSET AND DEATH
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IER: Thi icate, v e forwa	e 3 should I		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work	ity) (State)
AMIN ertif	Pag			21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry,	and in my opinion
The Charles	FUNERAL DIRECTOR: Page Health or its designated			death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	in nul
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o DEPUTY please ex director.	UNERA	1	23a.	NAME (Type) Address (Street, city, town, or county)	nty) (State)
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VR AL	SME (5) 1 1/65	5	24.	John H. Harbins, DELTA, Pa. DATE APR 21 1966 John	

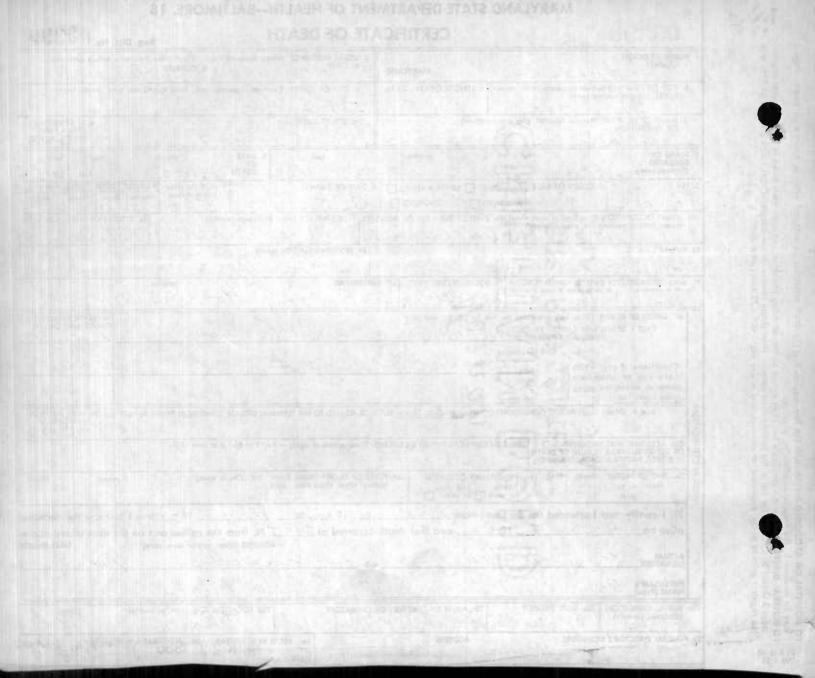
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quire ng ph sen s e bu to bu		Gonditions, if any, which gave rise to immediate (b) DUE TO							
w requires that tending physician as been signed las the burlatra prior to burlat.	-	underlying cause last. (c)							
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	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part or Part or limit 18.)							
PHYSICIAN: the hospita this certifi detached fo e Dept. of H		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
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ed by After Id be e State	Σ	21. I certify that (I) (this hospital) attended the deceased from APRIL 7, 1966, to APRIL 8, 1966, that (I) (we) last							
OR ATTENDING be retained by IRECTOR: After is 3 should be ed with the State		saw the deceased alive on APRIL 8 1966, and that death occurred at 45 M, from the causes and on the date stated above.							
AL OR A nay be r. DIREC page 3 filed w		22a. SIGNATURE ATTENDING DIRECTOR PHYS. 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 4/8/66							
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		22c. PHYSICIAN'S 22d. ADDRESS							
Page 4 m O FUNERA director, should be	23:	Harford Memorial Hospital, Havre de Grad Memorial Hospital, Havre							
5 5 Page 18		DUBLIN HARFORDCO, Md.							
VD A1E (A)	24	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE							
VR A15 (4) 15M 4-64	6	plumeth to Gestiern Stewartelown, a APR 12 1966 Towardes Judge							

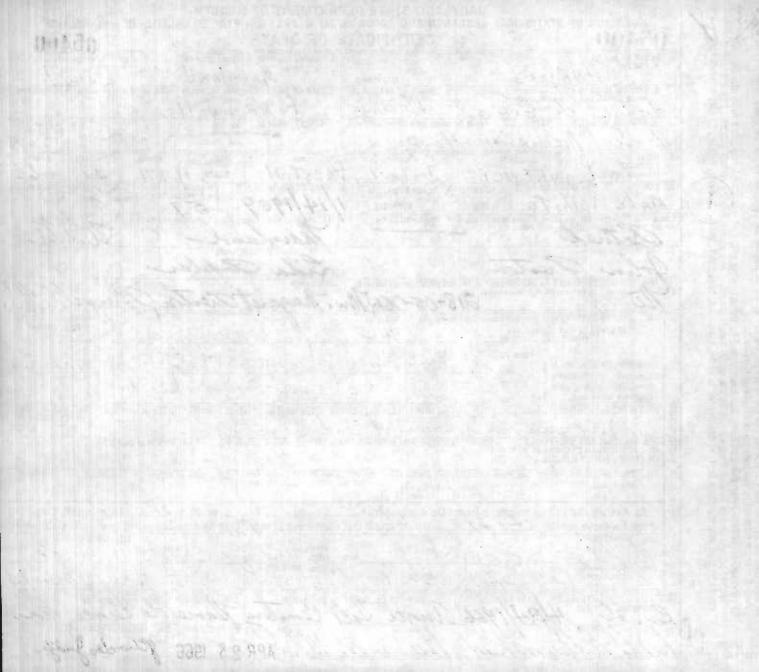


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05399CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY ARFORL ARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e RURAL and give nearest town) d. NAME OF HOSPITAL (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 20 KELL YES NOTE NAME OF First Middle 4. DATE Last Month Day Year DECEASED (Type or print) FRSON DEATH 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours WIDOWED F DIVORCED T papers 10a. USUAL OCCUPATION (Give kind of work dane of during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? INSURANCE ERVISOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TAMILTON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EUMONIA **DUE TO** YMPHO SARCOMA 6MOS Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NOTE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II af item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a. fl. While Not while at work at work 21. I certify that I attended the deceased from FEA 1966that I last saw the deceased and that death occurred at 3:15 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a/ REC'D BY VS A15 (4) 15M 9/55 DATE



21 W	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
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Illed hors, 72 h	1	I. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
hin 2 ely fill nithin	3.	ARTURA / ILEMORIA! /	Middle	Last 4.	DATE Month	YES NO		
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ificat g phy en p oval,	13.	EATHER'S NAME	MINTERSON'S	14. MOTHER'S MAIDEN NA	ME - L			
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that ician ned the litrar li, cre		IMMEDIATE CAUSE (a)	uman	my Con	carrie 1	2 min		
ires phys sign buria buria		Conditions, If any, which gave rise to immediate	denoca	refinding	the Stoma	of months		
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L OR be as be as a see a see filed		1/1/Sadou	usky M.D.		TOR PHYS.	4/21/66		
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be diled with the State		NAME (Type) W.H. SADO	WSKY	504 Lei	uis St. Ha	unde Drace My		
Pag Pag TO FU dire shou	23a.	BURIAL, CREMATION, 23b. OATE THEREDF REMOVAL (Specify)	23c NAME OF CEMETERY	OR CREMATORY 23	d. LOCATION (City, town	or county) (State)		
N	24.	FUNERAL DIRECTOR	ADDRESS	25a. REG'D BY	REGISTRAR 25b. REGIS	STRAR'S SIGNATURE		
VR A15 (4) 15M 4-64	1	ell Kilpismkin	le vregerell	DATE PR 2	8 1966 gch	arles Judge		

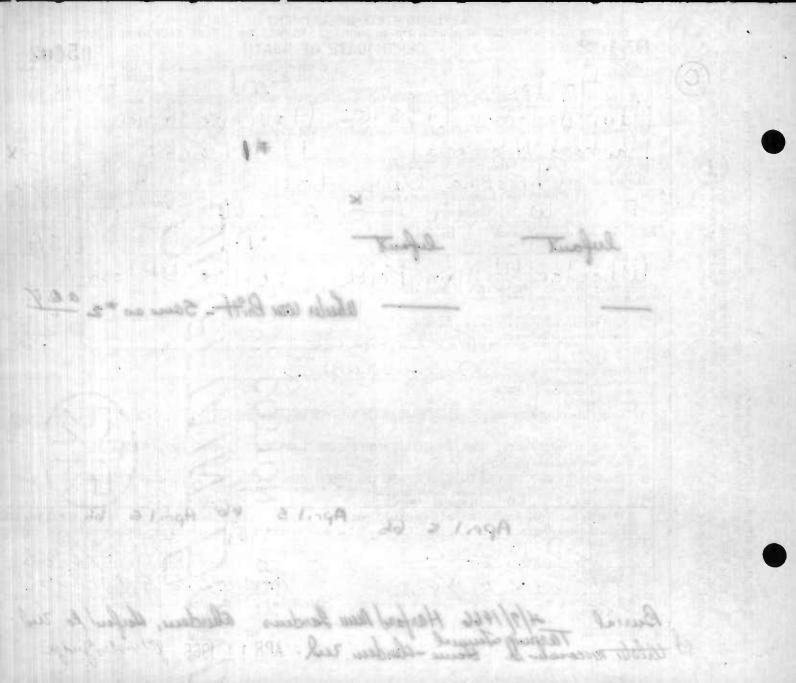


PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY MAKYLAND ARFORD MARYLAND b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL write RURAL and give neerest town) 50days ABER DE hospitel, give street eddress) ON A FARM HAWKINSFARM YES NO 4. DATE NAME OF Day DECEASED OF (Type or print) 10 1966 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. 9. AGE (In years | IF UNDER 1 YEAR FEB 19, 1966 WIDOWED DIVORCED IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) BALTIMORE, M USA NONE 13. FATHER'S NAME LORRAINE 16. SOCIAL SECURITY NO. 1 17. INFORMA (Yes, no, or unkown) | (Ifyes give wer or detes of service) MOTHER 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PNEUMONITIS IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTORSY CERTIFICATION PERFORMED? NO X 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (Stete) fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED M D SIGNATURE APRIL 10,66 UNER should by EXAMINER'S NAME (Typa) Address (Street, city, town, or county)/SEL 4 shoul 22d. LOCATION (City. VR A15ME

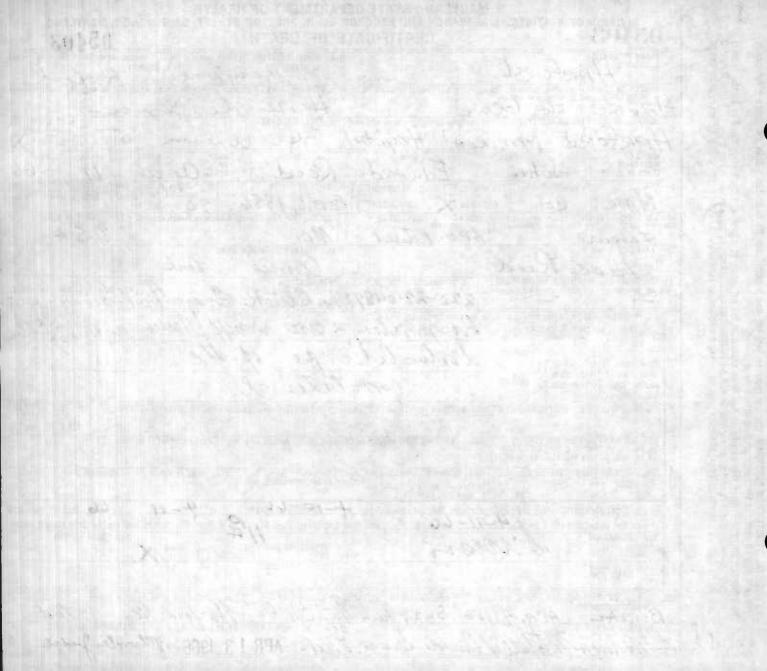
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APR L'S 1988 Profession Surger

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1.							
	05402 CERTIFICATE OF DEATH	1154112					
1.	a. STATE D. COUNTY	Residence before admission					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURA						
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE					
	Hartord Nemorial 1 1 Box 60	ON A FARM? YES NO X					
3.	DECEASED	Day Year 5					
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	R 1 YEAR IF UNDER 24 HRS Days Hours Min.					
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13.		01011					
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ANFDRMANT Address	ae 7.					
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
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	Conditions, If any, which (Iremalliful)						
	cause (a), stating the DUE TO	1					
CATION		19. WAS AUTOPSY PERFORMED? YES NO					
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1: OF ITEM (IF EITHER, NOTIFY MEDICAL EXAMINER)	8.)					
MEDICAL	factory street office bldg sto	ounty) (State)					
	21. I certify that (I) (this hospital) attended the deceased from April 5, 1938, to Hock 5, 191	6, that (I) (we) las					
		DATE SIGNED					
	22c. PHYSICIAN'S NAME (Type) 04ND YUN 22d. ADDRESS HAVRE Le GRA	CE, Md					
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or concern of the control of	(State) (State)					
24	1 (a print of and of and a second will be	SIGNATURE					
14	-1968/	0					
	MEDICAL CERTIFICATION 123 124 125 125 125 127 128 129	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 10.00 CERTIFICATE OF DEATH B. COUNTY 1.00 COUNTY 2.00 CERTIFICATE OF DEATH D. CITY OR TOWN (if outside peoporate limits, c. LENGTH OF STAY IN 10 c. CITY OR TOWN (if outside peoporate limits, b. COUNTY 2.00 CERTIFICATE OR COUNTY 2.00 CERTIFICAT					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05403 funeral and 2 death: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. CDUNTY the n after after MARYLAND c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY DR TDWN (If outside corporate limits, c. LENGTH DF STAY IN 1b by hours write RURAL and give nearest town hours ORACE filled in e. IS RESIDENCE DN A FARM? d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 YES NDX completely executed within pou Month Day Year NAME DE DATE Last 4. OF DEATH DECEASED ove carby event, 66 (Type or print) 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 8. 9. NEVER MARRIED 7. MARRIED WIDDWED DIVDRCED 12. CITIZEN DF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR HPLACE (County & State, or foreign country) INDUSTRY COUNTRY? be during most of working life, even if retired) H. a that the death certificate 0 removal, FATHER'S NAME MDTHER'S MAIDEN NAME Timb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT transit permit. Havre de (Yes, no, or unkown) | (If yes give war or dates of service) 1-304/01-INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), n signed by the burial-transit burial, crema PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUF TD Conditions, If any, which (b) peen gave rise to immediate the DUF TD (a), stating the prior underlying cause last. this certificate has be detached for use as State Dept. of Health price CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? NO T YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING | CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY DCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Should be d While Not While at work at work be retained 19 Let. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from with the director, page 3 shoul 12M, from the causes and on the date stated above. saw the deceased alive on. and that death occurred at DATE SIGNED 22b. 22a. SIGNATURE director, page 3 should be filed v MED. DIRECTOR STAFF PHYS. ATTENDING M.D. PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMDVAL (Specify) ADDRESS 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR **EUNERAL DIRECTOR** VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1154114 CERTIFICATE OF DEATH and PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY by the f Pages 1 irs after Harford hours after Harford MARYLAND b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page Upper Cross Roads Cross Roads rs. Upper d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET AOORESS 24 carbon pap ent, within Baldwin Mill Road ND X and completely f 3. NAME OF First DATE Middle Month Year Last 4. Oav DECEASEO DE event, (Type or print) Chanev **OEATH** George Sadler April 1966 5. SEX 6. CDLDR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNOER 24 HR\$ 7. MARRIED X 8. NEVER MARRIED last birthday) Months Oavs Hours any Male WIODWED DIVDRCED White 60 1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY physician n please ri vaf, and in = 12. CITIZEN DF WHAT 11. BIRTHPLACE (County & State, or foreign country) certificate be CDUNTRY? farming retired Air, U.S.A Gen. Maryland 13. FATHER'S NAME removal, MOTHER'S MAIDEN NAME ed by the attending phytransit permit. Then proceed, cremation, or removal, Addison Sadler Elizabeth Bussey 15. WAS OECEASEO EVER IN U.S. ARMEO FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Addrantettsville death (Yes, no, or unkown) (If yes give war or dates of service) Yes 1930-1932 2-18-45 Mrs. Pauline Winskowski Maryland CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the DNSET AND OFATH I-transi PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) signed been signer the burial-t **OUE TD** Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating the underlying cause last. has as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTOPSY for use Health use PERFORMED? certificate PHYSICIAN: The YES ND 2Da, ACCIOENT WAS UNDERLYING [2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) hed CAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, (State) 2Df. (Clty or town) (County) factory, street, office bldg., etc.) Hour a.m. After Id be d MEDI Not While be retained by at work at work 1960, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1966 DIRECTOR: age 3 should iled with the saw the deceased alive on. 19 /3 and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNEO page ATTENOING PHYS. OIRECTOR M.D. PHYS 4 may HOSPITAL PHYSICIAN'S FUNERAL 22c. 22d. ADDRESS director, p NAME (Type) 23d. LDCATION (City, town or county) (State) 23a. BURIAL, CREMATION. OATE THERED 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2 Bel Buria Gardens 24. FUNERAL OIRECTOR **AODRESS** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 1966 AL5 20M

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT						ARYLAND
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hours after death.	1 and 2	1.	PLACE OF DEATH a. COUNTY	2: USUAL RESIDENCE a. STATE	E (Where deceased lived, If institution: Re	sidence before admission
afte	by the Pages urs aft	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		outside corporate limits, write RURAL	and give nearest town
hour	d in rs. F 2 hou	H	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	Street address) d. STREET ADDRESS	de brace	e. IS RESIDENCE
24	papers nin 72 l	1	artord Memorial Hospit	Bressias A	Rt. #2, Rook Run	ON A FARM? YES NO
withir	and completely filled in by the emfove carbon papers. Pages 1 any event, within 72 hours after	3.		ddle Last	4. DATE Month	Day Year
ted /	comp ve ca	5.		MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER	26 19 6 6 1 YEAR IF UNDER 24 HRS
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ficate	g physen pl	13	FATHER'S NAME	14. MOTHER'S MAIDE		-1
certi	nding Trem	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	JRITYNO. 17. INFORMANT	Address (1)	ghe yeld.
leath	e atte	(4)	, no, or unkown) (If yes give war or dates of service) 212-18-	7934 Millelin B. Scar	trough R.D. #2 B	14 315
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within retained by the hospital or attending physician.	refrontions to signed by the attending physician burial-transit permit. Then please burial, cremation, or removal, and i		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)), and (c).]	- Pun exuremin	ONSET AND DEATH
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uires g phy	en si bur o bur		Conditions, if any, which gave rise to immediate	evascular (montons	1 was
w req	has been as the t	-	cause (a), stating the underlying cause last.	selesti iardio	variular disease	
he la	use alth p	SATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
AN: T	After this certificate be detached for use State Dept. of Health	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DW INJURY OCCURRED. (Enter nature of	injury in Part I or Part II of Item 18.	
YSICI P hos	is ce tache		(IF EITHER, NOTIFY MEDICAL EXAMINER) Sold and 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU	RRED 20e. PLACE OF INJURY (Home, far	rm, 20f. (City or town) (Cou	nty) (State)
F PH	After the de state I	MEDICAL	Hour a.m. 3-2 (1966 at work at work	factory, street, office bldg., etc	(1) Havre de Grace Has	ford lunglar
ENDIN	R: Af		21. I certify that (I) (this hospital) attended the dece		66, to 4-26, 196	6 that (I) (we) las
ATT			saw the deceased alive on 4 0 194	and that death occurred at		TE SIGNED
AL OR	L DIR		22c. PHYSICIAN'S	M.D. ATTENDING M.D. PHYS. D	STAFF PHYS. 4-	26-66
TO HOSPITAL Page 4 may	director, page should be filed		NAME (Type)			
TO H	Shot eline	23	REMDVAL (Specify)	ME OF SEMETERY OR CREMATORY	HARFORD CO.	(State) MO
	Cont.	24			'D BY REGISTRAR' 25b. REGISTRAR'	
	A15 (4) M 4-64	1	- Madion Whitehit, Have de	Grace, Ma DAPR	28 1966 fclientes	Judges

CHARRE

	16	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
A	(M)	05406 CERTIFICATE OF DEATH		
	hours after death d in by the funera rs. Pages 1 and 2 thours after death	1. PLACE OF DEATH 2. USUAL RESIDENCE, (Where deceased lived, If Institution: Residence before admissi		
	ter of	MARTORD MARYLAND MAY		
	by the Page	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
	houl in its.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN ON A FARM		
	1 24 fille pape	HARFORD MemoRial Host. RT 2 Cometery Rd. Dublinges No		
	be executed within 24 hours after death. Sicilar and completely filled in by the funeral lease remove carbon papers. Pages 1 and 2 and in any event, within 72 hours after death	3. NAME OF First Middle School de le Month Day Year OF OF OF OF PINT) CARRE OF OF DEATH APRIL 13 1966		
	omple com	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 241		
	any e	M4/E White WIDOWED DIVORCED MAY 15, 1896 69 yrs.		
	d in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11b. KIND OF BUSINESS OR lind of working life, even if retired) 12c. CITIZEN OF WHAT COUNTRY?		
	presignation and an	TREIGHT CONDUCTOR RAILROND NEW YORK US A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME		
	certifica nding pi Then remova	ANTHONY Scheideler MARY BROPPE		
	h ce tendi iit. or re	15. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address		
	e death certifica the attending p t permit. Then ation, or remova	18. CAUSE DE DEATH [Enter only one cause per lime, for (a), (b), and (c).]		
	ding physician. ding physician. been signed by the attenthe burial-transit permit. or to burial, cremation, or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcenona of Bladder ONSET AND DEAT		
	that sicia gned gned ial-tra ial, c	1810 DUE TO		
	g physen si pur	Conditions, If any, which (b) (b)		
	tending the been as the been prior to be	cause (a), stating the underlying cause last.		
	e lay	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	spital or atlestificate hed for use of Health p	YES NO 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)		
	cert ched pt. of			
	the this detail	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) p.m. 19 At work at work at work		
	d by After A be d be Stat	p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from Clarif, 1962 to 4-/3, 1966, that (I) (we)		
	TENI taine TOR: houl	saw the deceased alive on 4-/3 1966, and that death occurred at 138M, from the causes and on the date stated about		
	DR A) De re IREC B B B B B B B B B B B B B B B B B B B	22a. SIGNATURE OF CONTROL OF THE SIGNED M.D. PHYS. DIRECTOR PHYS. 22b. PATE SIGNED 4/14/66		
	TAL OR May be AL DIR page e filed	22c. PHYSICIAN'S NAME (Type)		
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and	W. A. COUNCILLIUR. MILDI MAURE DE GRACE, MIDI		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law in Page 4 may be retained by the hospital or attent TO FUNERAL DIRECTOR. After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior	238. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) APR. 16 1966 BELAIR GARDENS 23d. LOCATION (City, town or county) BELAIR, MB.		
	0	24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		
	VR A15 (4) 15M 4-64	John H. Harbins, DELTA, PA. DATE PR 18 1968 Charles Judges		
	110			

APR 18 1866 / 2004/4 / 1966

- 1 (A)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05407 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 1. SUSUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
HEALIN DEI II	a. COUNTY b. COUNTY
this period	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
cessary, re funeral may be partment er death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Bradenton 48-3
= 113 00 32	d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
y to	Claim Root
any delay 2, and 3 to	3. NAME OF DECEASED A4 First Middle Last 4. DATE Month Day Year
PM3 r	(Type or print) /VII / CT ed C. > MPSON DEATH / P) / L 19 46
s 1. s 1. ithin	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
書のとうさ	Female White WIDOWED DIVORCED Oct 11 1904 Jyrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT
with with and a	during most of working life, even if retired) INDUSTRY COUNTRY?
ours after a long a long bages lin any	Housewife At Home Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ours m 18 e al pag pag	
24 ho I Item Office File and	John T Buck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service)
r's r's nit.	No George L. Simpson Same
EXAMINER: This certificate should be executed within 24 hours after death. If certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, tould be forwarded to the Chief Medical Examiner's Office along with Town 16s. R: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 within ignated agent, prior to burial, cremation, or removal, and in any event within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONEST AND DEATH
ild be executed "pending" in "pending" in Medical Exan a burlal-transit cremation, or	PART I. DEATH WAS CAUSED BY: Coronary reclusion
ding cal-traintion,	Conditions, if any, which \ (b)
be e pen Medi urlal ema	gave rise to immediate (
ould "ief lief l', cr	cause (a), stating the underlying cause last. (c)
ate sho ne wor. he Chi sed as burial	TO THE PROPERTY OF THE PROPERT
the the tree to b	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN FART 1(a) PERFORMED? YES NO PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION C
Re. This certificate, writing forwarded to 3 should be agent, prior	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
writ c writ arde	
R: Th forw forw 3 sh agen	Hour a.m. While — Not While — factory, street, office bidg., etc.)
tiffic be be ted	p.m. 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
ECTOR: Par	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
the the CTO des des	CHIEF MEDICAL EXAMINER ROLL AND
wecute the Page 4 for your NL DIRECTOR I or its	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNED
	EXAMINER'S G-e-1101 6 Pine, - MD DEPUTY MEDICAL EXAMINER W 4-2-600
0 DEPUTY please ex director. retained f O FUNERAL of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
To de	REMOVAL (Specify) Burial 4/6/66 Meadowridge Cemetery Baltimore ADDRESS ADDRESS
N	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE APR 5 1966 Clarker Judge
VR AISME (5) 5M 1/65	Leonard J Ruck Inc 5305 Harford Rd.

(.) Broderium of the area valuant lander John I Mick Buring 1/1/66 lendouridos Genetary . Description of the brain, at

		1 (Y	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
5		E 07 1		05408 CERTIFICATE OF DEATH	15/108			
	after death	funeral and 2 r death.	1	DECEMBER 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence as a COUNTY / b. COUNTY / b. COUNTY / c. STATE b.	dence Defore admission)			
	fter	the fges 1 after	_	HARFORD MARYLAND MAC	RFORD			
		Page urs a		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CLTY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	d give nearest town)			
	hours	d in rrs. 2 hou	1	d_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give, street address) d. STREET ADDRESS	e. IS RESIDENCE			
	24	completely filled in by ve carbon papers. Pag event, within 72 hours		HARFORD MENORIAL HOSPITAL Smith Rd.	ON A FARM? YES NO			
	aw requires that the death certificate be executed within	completely in complete carbon present, within	3	NAME OF DECEASED (Type or print) / / SA VING SMITH SMITH DEATH APRIL	Day Year			
	M p	car car vent,	-5	(Type or print) E15A Virginia JAITA DEATH APRIL	7 1966			
	ecute	and cc emove ny e	-	last birthday) Months D.	ays Hours Min.			
	ex ex		7	OB, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CITI	IZEN OF WHAT NTRY?			
	e be	physician n please val, and in		Housewife Homemaker Md (HArford County)	U.S.A.			
	ficat	en oval,	1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LAURA Virginia NEwton				
	certi	Then removal	-	15. WAS DECEASED EVERINUS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Husband) 457-4271 Address				
	ath	prissions. I signed by the attending purial-transit permit. Then burial, cremation, or remove	(Yes, no, or unknown) (If yes give war or dates of service) NONE Mr. E.R. P. Smith Domington, Maryle	1			
	e de	the t pe	=		INTERVAL BETWEEN			
	it th	d by ransi crem	ľ	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Color and Thronton	ONSET AND DEATH			
	s tha	igne rial-t		Conditions, if any, which	2(422			
	uire:	been s the bu		gave rise to immediate	Lypes			
	red	s the		cause (a), stating the underlying cause last.				
	e lav	ificate has be for use as the Health prior t	TION	PART 14 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
	The	ficat or u Heal	FICA	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	YES NO NO			
	PHYSICIAN: The law requires that the hospital or attending physician	this certificate detached for use te Dept. of Health	CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	HYSI	this etacl Dep			(State)			
		No. of the last of	MFDICAL					
	ATTENOING	J TI		21. I certify that (I) (this hospital) attended the deceased from 4/27, 1962, to Alkil 7, 1962	, that (I) (we) last			
		OIRECTOR: A age 3 should liled with the		saw the deceased alive on APRIL 7 19 66, and that death occurred at 11 00 M, from the causes and on the 22a. SIGNATURE 1 22b. DAT	E SIGNED			
	-	OIR OIR Iled			7,1966			
	ITAI	RAL r, p		22c. PHYSICIAN'S NAME (Type) Dudley Phillips, M.J. Danienton, Maryland				
	TO HOSPITAL	To FUNERAL OIRE director, page 3 should be filed w	- 2		ty) (State)			
	2	S E E	1	REMOVAL (Specify)	healman			
		1	1	24. FUNERAL DIRECTOR ADDRESS 256. REGISTRAR 256. REGISTRAR'S	SIGNATURE.			
		M 4-64		GOSEPH COMMENT TOSTER BEI ATT MONTAND ZIONY DATE IT 1960 June 1	Judgia			
				Broff William Foster				

dingo. THE STREET SHOOT STATE OF 10 (0 to 10 to 10

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Harford b. COUNTY Maryland Harford MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end giva nearest town) Havre de Grace Rural Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) a. IS RESIDENCE ON A FARM? Rock Run Road Rock Run Road YES NO X NAME OF First Middle DATE Month DECEASED William Lincoln Still DEATH ADril 13. 19 66 (Typa or print) 5. SEX 6. COLOR OR RACE 7. MARRIED P NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. lest birthdey) Months Hours Male Sept. WIDOWED I DIVORCED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired! Balto. Co., Maryland Heating Engineer U.S. Govt. 14. MOTHER'S MAIDEN NAME Laura Ann Bosley Charles Milton 17. INFORMAN (Wife) 734-7435 dress RFD#2, Box#338 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (Ifyesgivewarordatesofservice) Havre de Grac INTERVAL BETWEEN MICH 1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY 10 dal IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediata cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Parl I or Part II of Item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Mar-..... 19 6 that (I) (we) last 0 7.19.5.C., and that death occured A.M., from the causes and on the date stated above. saw the deceased alive on... 22b. DATE SIGNATUR ATTENDING April PHYS. DIRECTOR FUNERAL 22d. ADDRESS NAME (Type) Horky, Ralph Churchville, Maryland 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) REMOYAL (Specify) Cem. , Havre de Grace, Harf., Md. Dip 2 Burial Rock Run 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE W. Broadway & Williams St 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Joseph William Foster

Usbas and many and the street sound a serven from the serven for t filter Mincoln Chill Control 13, acpt. 11, 1458 an Bosting Engineer E. E. 2075. 120. 10., Engrises all. E. S. PALLO DE STREET STREET STREET CONTRACTOR STREET PROPERTY LINE VERTICES V. SELVE CENTERS V. LA CONTRACTOR CONTRACTOR while middle The solution they [: W. alouder, u.u. therearile, impleme The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1544 funeral and 2 and 2 death. death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission, a. COUNTY a. STATE b. COUNTY after please remove carbon papers. Pages 1, and In any event, within 72 hours after MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) hours 프. 5 de NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 05 NO YES executed within completely 3. NAME OF Middle DATE Month Day Last 4. DECEASED (Type or print) DEATH HINGER 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 8. 9. NEVER MARRIED Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. 81RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe INDUSTRY. COUNTRY? law requires that the death certificate FATHER'S NAME MOTHER'S MAIDEN NAME removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 17 been signed by the attenthe burial-transit permit. or to burial, cremation, or I (Yes, no, or unkown) (If yes give war or dates of service) the CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: or attending physician. dans IMMEDIATE CAUSE (a) DUE TO nonth Conditions, if any, which (b) to immediate DUE TO stating After this certificate has be be detached for use as the State Dept, of Health prior has underlying cause last (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PHYSICIAN: The the hospital or a NO X YES 20a, ACCIDENT WAS UNDERLYING [DESCRIBE HOW MUJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While functor, page 3 should be capenated by the should be filed with the State ATTENDING be retained by 19 at work at work 196 21. I certify that (I) (this hospital) attended the deceased from 25. 19 66, that (I) (we) last and that death occurred at 140 M, from the causes and on the date stated above. saw the deceased alive on. 19 66. 22a. SIGNATURE DATE SIGNED ATTENDING STAFF M.D. PHYS DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) Harre 21078 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d, MOCATION (City, (State) 23b. DATE THEREOF REMOVAL (Specify) 255. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS VR A15 (4) 15M 4-64

185 days HALER du Grace lestical lenierat Historia THE COLUMN STREET STREET STREET STREET STREET STREET STREET STREET

Item 18 Film G378 DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after by the financial Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours write RURAL and give nearest town) TO PA hours .= d, NAME OF HOSPITAL OR INSTITUTION of mot in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? y event, within 7 YES NO X completely you within DATE Middle Monti Day Year Last 4. OECEASED 134BAUGH (Type or print) JAMES DEATH 19 executed 5 5. SEX DATE OF BIRTH years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 8. AGE (In and cor 7. MARRIED NEVER MARRIED 8 last birthday) Months I Days Hours any 60 WIDOWED DIVORCE physician 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign-country) 12. CITIZEN OF WHAT during most of working life even if retired) certificate be 0 MOTHER'S MAIDEN NAME FATHER'S NAME removal been signed by the attend the burial-transit permit, for to burial, cremation, or re y Med. Exam. t 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SÉCURITY NO. 17. MFORMANT death (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH I Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a or attending physician. DUE TO Natural death: Cause undetermined Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the DYOT L underlying cause last. certificate has as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use of Health passed PERFORMED? CERTIFICATI NO T YES the hospital 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached for the Dept. of I MEDICAL (State) 20e, PLACE OF INJURY (Home, farm, (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) OF Hour a.m. should be dith the State Not While at work at work 19 be retained 21. I certify that (I) (this hospital) attended the deceased from 19_ that (I) (we) last . to. director, page 3 shoul _M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. director, page should be filed M.D. Page 4 may b PHYSICIAN'S ADDRESS 22d. NAME (Type) LOCATION (City, town or county (State) BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) mova 25b. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR | FUNERAL DIRECTOR VR A15 (4) 15M 4-64

By phone to Capt. Roufa - "Body released, etc."
AMS. 7/22/66

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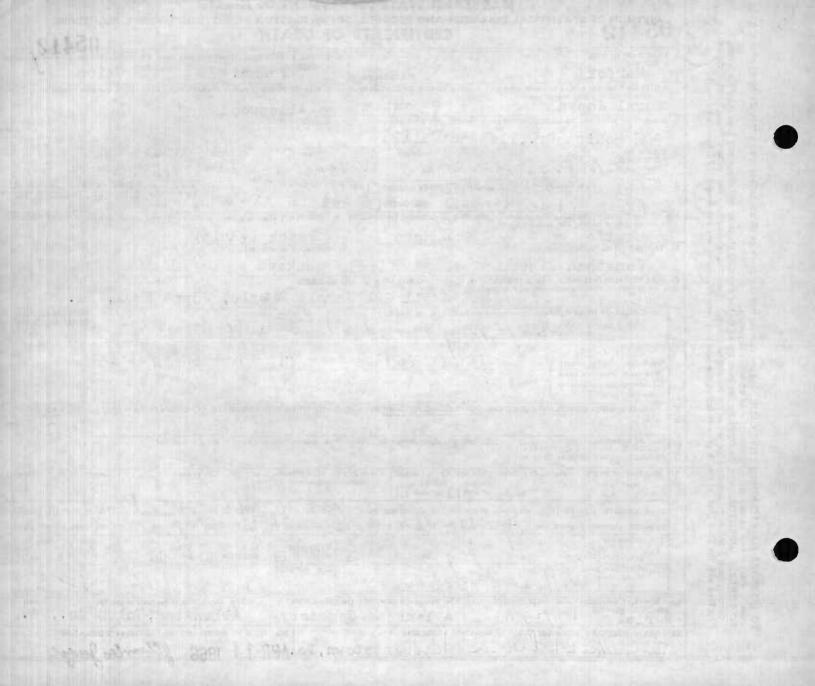
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The Market W. Louis Account

THE RESERVE OF THE PROPERTY OF

M	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, CERTIFICATE		MARYLAND 115419
V		PLACE OF DEATH . COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institut	ion: Residence before admission
death.	ı	Harford	e. STATE Penna. b. COUNTY	Jnion J
	t	CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURA	L and give neerest town)
		Rural Joppa 2 months	Allowing	75- 0
-		. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
ı		905 Monica Cr. Pleasant Hills		ON A FARM
100	3. 1	VAME OF First Middle	Lest 4. DATE Month	Pey Yeer
		DECEASED Type or print) Marszret Jame Wi	2/542 ms DEATH April	12 1966
-!	5. 5			DER 1 YEAR IF UNDER 24 HRS.
		WIDOWED DIVORCED	Col 10 1806 last birthdey) Mont	
1	10e.	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12	CITIZEN OF WHAT COUNTRY
	don	e during most of working life, even if retired)		
-		OUSEWIFE OWN Home	Pennsylvania	USA
ľ				
_	15	Jonathan Fisher was peceased ever in u.s. armed forces? 16. social security no. 17.	Unkown	
F	(Yes	ng, for unkown) (If yes give war or detes of service)		3.6.2
=	_		Harold Beegle, Joppa RD#1	L, Ma.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
L		IMMEDIATE CAUSE (e) My 3 Cayd	21 the July comery	
ı		4821 DUE TO	1 Dala : class.	
		Conditions, if any, which) (b) Conditions	I ptrterio sulvios.	S
		geva risa to immediate ceuse (a), stating the underlying DUE TO		
		ceuse last. (c)		
3	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
CEDTIES A TION	5			YES NO
DTIE	Z Z	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Pert I or Pert II of item 18.)	
1	- 10	IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	١	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PL/ Hour a.m. 20e. PL/ While Not While fac	ACE OF INJURY (Home, farm, 20f. (City or town) tory, straet, office bldg., etc.)	(County) (Stete)
AAEP	MEL	p.m. 19 et work et work		
		21. I certify that (I) (this hospital) attended the deceased from.	March, 1966 to Apx-1,	196.5 that (I) (we) la
		saw the deceased alive on APY: 112 1966, and that	death occurred 1230 M, from the causes and c	on the date stated above
	-1-	22e. SIGNATURE		22b. DATE
	Т	William a. Inson	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	4/-12 CSIGNI
	1	22c. PHYSICIAN'S	22d. ADDRESS	1
-		NAME (Type) William Al. Tyson	Ringsville	Md.
2	P	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY EMOVAL (Specify) 4/16/66 Allenwood	Cemetery Allenwood, Uni	
2		SUMERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRA	
1	3	enulli Chshurm Stewartst	own Pa JAR 14 1966 Milan	Par Order
7	1		, WITT 1300	

MARYLAND STATE DEPARTMENT OF HEALTH



06		1 (NA	N	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	MADVI AND
0	Ę.	E 27 1 1 1	1	05413 CERTIFICATE OF DEATH	05/19
	after death	Pages 1 and 2 urs after death.	1.	a COUNTY 2. USONE RESIDENCE (WHERE DECEASED INFO, IT INSTITUTION: F	Residence before admission)
	fter	the f	_	MARYLAND MARYLAND	artord
	5	by the Pages urs aft	1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town)	and giva naarest town)
	24 hours	d in rrs. 2 ho	14	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	A. IS RESIDENCE
	n 24	pape hin 7	I	Tartord Memorial Hospital 11 Brooks Rd.	e. IS RESIDENCE ON A FARM? YES NO
	withi	and completely filled in by emove carbon papers. Pag any event, within 72 hours	3.	NAME OF DECEASED (Typa or print) WILLIAM HENRY WILSON 4. DATE OF DEATH	0ay Year 2 1966
	ted	comb even	5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In years IFUNOER	40 -
	хесп	emo	1	ale White wioowed Divorceo Det. 11, 1919 Last birthday) Months	Days Hours Min.
	pe e	sleian and in	i au	a: USUAL OCCUPATION (Give kind of work done look kind of work done look kind of working life, even if retired) 10b. KIND OF BUSINESS OR look look look look look look look loo	ITIZEN OF WHAT
	ate	a e si		Engineer-Propulsion Aircraft Riladelphia, ENNA.	U.S.A.
	PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician.	the attending physician t permit. Then please ation, or removal and	2	Catherine Mulk	ETNS
	th	nit. or re	1! (Y	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	1
	dea	he al perr tion,	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
	the n.	signed by the atten burial transit permit. burial, cremation, or		PART I. DEATH WAS CAUSED BY: 4 C	ONSET AND OEATH
	that	al-tra		1420 DUE TO	
	ires	n sig buri buri		Conditions, if any, which gave risa to immediate (b)	
	requ	for FUNERAL DIRECTOR. After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, cremained by the state Dept.		cause (a), stating the DUE TO	
	atte	se as	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
	al or	ficat for u Heal	CERTIFICATION	One MOURENT Was INVESTIGATED AND DESCRIPTION OF THE PROPERTY O	YES NO
	PHYSICIAN: the hospital	certified of the of	CERT	20a. ACCIOENT WAS UNOERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER)	.)
	PHYS	this detac e Deg	MEDICAL	factory etrant office bldg atc.)	unty) (State)
	S A	ope State	MEC	P.m. 19 While at work Tactory, street, office bidg., etc.)	
	OR ATTENDING be retained by	DR: /		21. I certify that (I) (this hospital) attended the deceased from 19, to 19	, that (I) (we) last
	AT	3 sh with		saw the deceased alive on 19, and that death occurred at 3 M, from the causes and on the causes and on the causes are causes and on the causes are causes and on the causes are caused and caused are caused are caused are caused are caused and caused are caused are caused are	ATE SIGNED,
	1 0R	AL DIR page filed		M.D. ATTENDING MED. STAFF 4-2	2-66
	Page 4 may be	FRAI tor, p		220. PHYSICIAN'S NAME (Type) Gustler D. Hirsch, M.D. 131 S. Union Ave. Hourd Gr.	acc. Nd.
	HO	Firec Houle	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or col	
	5_	200		BELAIR MEmorial Gardens BELAIR MEmorial Gardens BELAIR HARford Co	
	\/P	A15 (4) N) 24	FUNERAL OIRECTOR W. Broadway & Williams St. 25a. REC'O BY REGISTRAR 25b. REGISTR	S SIGNATURE
		1/65	=	JOSEPH William Foster BEI Air-, Md. 21014 OAPR 5 1966 Charle	Judge
				Joseph tivellain Foster	

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1 M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	IARYLAND
H-24 H-	O5414 CERTIFICATE OF DEATH	05414
24 hours after death. filled in by the funeral appers. Pages 1 and 2 nn 72 hours after death.	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence of the County of t	esidence before admission)
ter ter		R Ford
rs after by the f Pages 1 urs after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
in b	HAURE de CORACE DELAIR.	2 1
1 24 hours a filled in by papers. Page him 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	HARFORD MEMORIAL HOSPITAL 31 6, Tenna, AVE	YES NO
executed within and completely remove carbon in any event, with	3. NAME OF DECEASED First Middle Last 4. DATE Month	Day Year
d d d	(Type or print) DUANITA DOY, WOOD DEATH HPRIL 3	
o cute	NEVER MARRIED O. DATE OF BIRTH	1 YEAR IF UNDER 24 HRS. Days Hours Min.
e execution and any in any in any	Temple White WIDOWED DIVORCED 11190 55 yrs.	
e be sician lease and ir	defing most of working life, even if retired) INDUSTRY	TIZEN OF WHAT
cate be ophysician please of val, and in	13. FATHER'S NAME RESTAURANT RESTAURANT 14. MOTHER'S MAIDEN NAME	1.C.O
eath certifica attending ph ermit. Then in, or removal	Oscar M. Young Laws Cox	
ndin ren		
death c ne atten permit. Lion, or i	(Yes, no, or unkown) (Ifyes give war or dates of service)	sylvavia AvE.
de de per per per per per per per per per pe	18. CAUSE DF DEATH [Enter only one cause pec line for (a), (b), and (c).]	MANJAND RETWEEN
DING PHYSICIAN: The law requires that the death certificate be executed within at by the hospital or attending physician. After this certificate has been signed by the attending physician and completely d be detached for use as the burial-transit permit. Then please remove carbon to State Dept. of Health prior to burial, cremation, or removal, and in any event, with	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
that icial ned I-tra II, cr	466	10 minus
ohys sign	Conditions, If any, which (b) Venous Chlombors left 111	2-unceles
ng in be be to be to b	gave rise to immediate cause (a), stating the DUE TO	7 -0 -0 -7
w re endi	underlying cause last. (c)	
atti atti e ha se a th p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	19. WAS AUTOPSY PERFORMED?
The loat under the leaf	FICA	YES NO
IAN: pita ertif ed fo	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
hos con ache		
the detthick	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While not While at work a	nty) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR. After this certificate has been signed by director, page 3 should be detached for use as the burial-trans should be filed with the State Dept. of Health prior to burial, creating the state Dept.		
END ined ined ould the	21. I certify that (I) (this hospital) attended the deceased from MARCH 19, 1966, to APRIL 3, 1961	that (I) (we) last
ATT reta	saw the deceased alive on APRI 3 19 66, and that death occurred at 45 M, from the causes and on the	ne date stated above.
AL OR nay be page 3 page 3 filed v	ATTENDING MED - STAFF - //	2 - 6
TAL may AL I	22c. PHYSICIAN'S	
NER Id b	NAME (Type) HAVE de GRACE, MAMILAND	
TO HOSPITAL OR ATTENDI Page 4 may be retained for EUNERAL DIRECTOR. A director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or could remove the country of the country 23d. Location (city, town or country 23d. Location	nty) (State)
2 2 "	ISWIAL APRIL (1166 CREENWOOD CEMETERY GRASSYCREEK, HISTER	
	24. FUNERAL DIRECTOR W. B. ADDRESS WILLIAMS St. 258. REC'D BY RECISTRAR 250. REGISTRAR'S	SICNATURE
VR AI5 (4) 20M 1/65	DESERT WILLIAM POSTER BEI Air, manyoned 2014 DATE 1 3 1966 forward	Judge
	Joseph willow Foster	

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